



MLK 3-ON-3 TOURNAMENT

When: Monday, January 16th, 2012 | 9:00am - 3:00pm

Who: Boys and Girls Grades 3 - 8

Cost: \$120 / per team

Where: *The Edge Sports Performance Academy 9550 Ravenna Road | Twinsburg, OH 44087*

Entry Deadline: January 13th, 2012

*(if form/payment is dated/postmarked on 1/13 you must email or call the director to confirm registration!)

- **No Admission Fee For Any Game**
- 5 Game Guarantee!!
- Team and individual registration will be taken for all divisions

Detach bottom portion and mail with check payable to:

"TFN Camps and Clinics" | 7515 Pearl Road #204 | Middleburg Hts., OH 44130

For More Information call: Tucker Neale at (440) 826-3652 | www.OhioBasketball.com

Team Name: _____

Age/Grade Level: _____

Player #1 Name: _____ **Phone:** _____

Address: _____ **Age:** _____ **Grade:** _____ **School:** _____

City/Zip: _____ **Email:** _____

Player #2 Name: _____ **Phone:** _____

Address: _____ **Age:** _____ **Grade:** _____ **School:** _____

City/Zip: _____ **Email:** _____

Player #3 Name: _____ **Phone:** _____

Address: _____ **Age:** _____ **Grade:** _____ **School:** _____

City/Zip: _____ **Email:** _____

Player #4 Name: _____ **Phone:** _____

Address: _____ **Age:** _____ **Grade:** _____ **School:** _____

City/Zip: _____ **Email:** _____

Parent/Guardian Names: _____

(Please Print)

I hereby certify that all information above is correct and in all consideration of participating in this or any TFN Camps and Clinics event, that I assume full responsibility for all player(s) listed above and that I have in my possession signed that states that I agree not to hold responsible TFN Camps and Clinics its members, coaches, or other employees on account of any injury or loss or damage suffered as a result of a player participating in this or any TFN Camps and Clinics event, including but not limited to games, practices or travel to and from these activities.

Parent/Guardian Signature: _____